Best Available Copy

Effective October 1, 2001

Application or Docket Number

10008,550

| CLAPIS AS FILED - PART I (Column 1) (Column 2)  |  |   |                 |   |                              |                  |                 | SMALL ENTITY TYPE OR |                        |                         | NAHT FINTO<br>YTITHE LIAME |                        |
|---|--|---|-----------------|---|------------------------------|------------------|-----------------|----------------------|------------------------|-------------------------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 17              |   |                              |                  |                 | RATE                 | FEE                    | ſ                       | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED    |   | NUMBER EXTRA                 |                  |                 | BASIC FEE            | 370.00                 | OR                      | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | //) minus 20=   |   | •                            |                  |                 | X\$ 9=               |                        | OR                      | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | 5 minus 3 =     |   | * Z)                         |                  |                 | X42=                 | 84                     | OR                      | X84=                       |                        |
| MU  | LTIPLE DEPEN                             | DENT CLAIM PI                             | RESENT          |   |                              |                  |                 | +140=                |                        | OR                      | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter                              |  |   |                 |   |                              | olumn 2          | 1               | TOTAL                | 151                    | OR                      | TOTAL                      |                        |
| <u>م</u>  | 4.05 C                                   | LAIMS AS A<br>(Column 1)                  | - PAR<br>(Colu  | - PART II RESPONSE<br>(Column 2) (Column 3) |                              |                  | SMALL ENTITY OR |                      |                        | OTHER THAN SMALL ENTITY |                            |                        |
| AMENDMENT A.  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID               | BER<br>OUSLY                 | PRESENT<br>EXTRA | ·               | RATE                 | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total                                    | • 17                                      | Minus           | <b></b> 2                                   | 0                            | .0               |                 | X\$ 9=               | NO                     | OR                      | X\$18=                     |                        |
|   | Independent                              | * 5                                       | Minus           | CAIDEAG                                     | 5                            | <u>-0</u>        | ·               | X42=                 | FEE                    | OR                      | X84=                       |                        |
|   | HINST PHESE                              | NIATION OF M                              | ULTIPLE DE      | PENUEN                                      | :                            |                  | J               | +140=                | Due                    | OR                      | +280=                      |                        |
|   |  |   |                 |   |                              |                  |                 | TOTAL<br>ADDIT, FEE  | -0                     | OR                      | TOTAL<br>ADDIT. FEE        |                        |
| ·   | (Column 1) (Column 2) (Column 3          |   |                 |   |                              |                  |                 |                      | •                      |                         |                            | •-                     |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVI<br>PAID                |                              | PRESENT<br>EXTRA |                 | RATE                 | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NON   | Total .                                  | *   | Minus           | **  |                              | •                |                 | X\$ 9=               |                        | OR                      | X\$18=                     |                        |
| AME   | Independent                              | *   | Minus           |   |                              | -                | 4               | X42=                 |                        | OR                      | X84=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT |   |                 |   | I CLAIM                      |                  | J               | +140=                |                        | OR                      | +280=                      |                        |
|   | TOTA<br>ADDIT, FE                        |   |                 |   |                              |                  |                 |                      | ·                      | OR                      | TOTAL<br>ADDIT, FEE        |                        |
| ·   |  |   |                 | -   |                              |                  |                 |                      |                        |                         |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUN<br>PREVI                                | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                 | RATE                 | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total                                    | *   | Minus           |   |                              | =                |                 | X\$ 9=               |                        | OR                      | X\$18=                     |                        |
|   | Independent                              | *   | Minus           | DENDEN                                      | E 04 412                     | -                | 4               | X42=                 |                        | OR                      | X84=                       |                        |
|   | FIRST PRESE                              | NTATION OF M                              | ULI IPLE DE     | PENUEN                                      | CLAIM                        |                  | ل               | +140=                |                        | OR                      | +280=                      | T                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                 |   |                              |                  |                 |                      |                        | ľ                       | TOTAL                      |                        |
| ***   | If the "Highest Nu                       | mber Previously P                         | aid For IN TH   | IIS SPACE                                   | is less tha                  | an 3, enter "3." | •               | ADDIT. FEE           |                        | •                       | ADDIT. FEE                 |                        |
|   | The "Highest Nurr                        | nber Previously Pa                        | ic For (Total c | or independ                                 | dent) is the                 | e nighest numi   | Der to          | und in the ap        | propnate bo            | X IN CO                 | numn 1                     |                        |